

adherent to the bone. There was marked wasting of the small muscles of the hand and of the deltoid, pectoralis major, and scapular muscles; all these muscles showed a fine fibrillary tremor. Associated with the wasting was a marked loss of power of all movement, and the tendon jerks were absent. Sensation was normal, and in other respects there was no abnormality in the central nervous system. Blood pressure: 150/70. Lumbar puncture: clear fluid under normal pressure, protein 0.04%, otherwise normal. Wassermann: negative. X-ray examination showed osteo-arthritis of the cervical spine "consistent with his age."

He has been put on a course of vitamin B₁ injections, and the arm has been treated as in poliomyelitis with splinting, massage, and active movements. It is hoped that, like the case reported by Dr. R. G. Abercrombie (May 24, p. 778), he will get a good recovery. After just over one month's treatment he is now recovering rapidly. He can now flex his fingers into the palm, and also raise the arm above his head; there is now no wrist-drop. The reflexes are also present, though still rather sluggish.

This case presents the unusual features of (1) marked trophic changes of the skin, (2) wasting of both shoulder and hand muscles, and (3) fibrillary twitchings. The accounts of recent cases in the *Journal*, however, with similarity in case history, age, and associated osteo-arthritis, leave little room for doubt that in this man the herpes was the cause of the trouble.

Once a new clinical entity is described further cases are usually soon found. It will be interesting to hear of them and of prognosis with treatment in a series, and perhaps there may be some new light shed upon the obscure aetiology of the motor neurone diseases?—I am, etc.,

Wolverhampton, July 10.

K. W. G. HEATHFIELD, M.B., B.S.

Three Unusual Rheumatic Cases

SIR,—On January 20 of this year a poor-class red-haired boy of 7 years came under my care in the country suffering from rheumatic fever. The illness was severe, both knees, one wrist, and the sternoclavicular joint being affected at different times. Cardiac symptoms were alarming, but the whole condition was so well controlled with aspirin that the boy made an excellent recovery up to a point in six weeks. While the knee-joints became freely movable and painless, it was obvious that the fluid swelling had extended down the front of each tibia over its upper third. As symptoms that the fluid might be purulent became manifest sulphonamide treatment was instituted with good results. Large quantities of pus at different times were discharged from both legs without upset or pain. The health of the boy remained comparatively good, appetite enormous, spirits excellent.

On June 7, circumstances for the first time permitting, he was radiographed and seen by a surgeon with regard to the minute sinus on the front of each tibia. X-ray examination showed nothing that could not be felt with the fingers—a considerable amount of periostitis. There was fluctuation around one sinus, and the boy had some fever and a slight cough. One week later, on admission to the children's ward for operation, he became unpopular by whooping on his first night. Hurried home thirteen miles with a temperature of 102°, the boy passed uneventfully through his attack of whooping-cough, and is now running about in a remote country district with a shilling-sized crust on the front of each tibia. This is perhaps a case of streptococcal osteomyelitis.

On June 3 of this year I attended a woman of 50 with erythema nodosum (her second attack in three years). In addition to this much more severe attack, the spots extending above the knees, there was herpes on the neck on one side, attributed by the patient to putting round the neck a cold compress for a sore throat.

On June 30 I attended a young married woman who complained of stiffness of the ankles and large spots on the front of the legs. She had typical erythema nodosum. On July 2 herpes appeared on both sides of her neck, extending from the posterior triangle to the mastoid process. I presume erythema nodosum is still recognized as having a rheumatic origin.

In this stagnant backwater of England 1941's increased prevalence of rheumatic conditions is attributed to the persistent east wind.—I am, etc.,

Hexham, Northumberland, July 14.

RICHARD BELL, M.B., Ch.B.

Medical Man-power

SIR,—Owing to the spurious shortage of medical man-power, consequent on bad distribution of existing personnel and uneven division of work between civilian and Service requirements, as shown by recent correspondence in the medical press, I would like to make the following suggestions.

(1) That all medical men of military age should be called up in rotation in age groups for a specified period of military training. When this has been completed, those who are really needed can be absorbed into the Services and the remainder allowed to return to civilian work, where they can continue until definitely required. In this connexion the wastage resulting from the calling up of key men in hospital positions and delegating them to relatively inferior positions with little work in the Services is apparent.

(2) The apportionment of medical work as between civilian and Service requirements needs to be immediately surveyed. At the present time a high percentage of Service patients are treated in civilian hospitals, and there is a feeling that this could be extended outside hospital practice, so that, for example, general practitioners who have received a period of military training and have returned to civilian life could undertake Service duties in addition to their civilian commitments, and in this way release a number of full-time Service personnel in this country.

—I am, etc.,

Edgware, July 12.

A. A. CUNNINGHAM.

Physiotherapy

SIR,—I have read with much interest Dr. L. D. Bailey's letter (June 28, p. 986) summing up the various points which have been brought forward in recent correspondence. I, too, have the honour of serving hospitals in the Emergency Medical Service, and among these hospitals there are some designated Orthopaedic Centres, but a variety of other cases, medical and surgical, are treated in the wards and physiotherapy departments of these centres.

I agree with Dr. Bailey that the adviser in physiotherapeutics must have a wider outlook than that conveyed by "orthopaedic physician." Whether the case is orthopaedic or plain medical or surgical, the physiotherapeutic adviser has to treat the patient as a whole and must have a comprehensive knowledge of disease, as well as of physiology and physiotherapy.

There is much diversity of opinion among some physicians and surgeons as to benefits derived from physiotherapy, and there is a crying need for clinical research in collaboration with physicists and physiologists, so that physiotherapy may be established on a scientific and clinical basis and confidence encouraged in the doubting members of the profession; otherwise this important branch of medicine is bound to remain linked with ideas of magic and quackery.—I am, etc.,

London, W.

N. I. LANCKENAU, M.D.

Fire-bomb Injuries

SIR,—Since writing the letter on protecting eye-shields, which you published on July 19, I have seen a patient who had received a deep wound in the elbow, severing the ulnar nerve, with consequent changes in the ring and little fingers and constant and severe pain in the other fingers. He was dealing with a fire-bomb, using the lid of a dust-bin as a protection. He told me that a friend of his tried to put out one of these bombs by putting the lid of a dust-bin over it and standing on it. The resulting explosion injured his foot.—I am, etc.,

Birmingham, July 20.

T. HARRISON BUTLER, F.R.C.S.

The Department of Health for Scotland has issued E.M.S. Memorandum No. 7 on the first-aid treatment of burns. The memorandum was prepared by a committee under the chairmanship of Sir John Fraser. There are four pages of text and a cover, on the inside of which, facing page 4, is a drawing of the human figure with indications of suitable treatment for different parts of the body. The memorandum (price 2d.) can be obtained at H.M. Stationery Office or through any bookseller.